



Tennessee Bureau of Workers' Compensation  
220 French Landing Drive, I-B  
Nashville, TN 37243-1002  
800-332-2667

FORM C-38

**APPLICATION FOR CASE MANAGER REGISTRATION**

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

COMPANY STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PROVIDERS WITH WHICH YOU SELF-CONTRACT: \_\_\_\_\_

	<b>Certification Type</b>	<b>Certification #</b>	<b>Date Issued</b>	<b>Date Expires</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

RN LICENSE # \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_

STATE ISSUING LICENSE \_\_\_\_\_ CIRCLE ONE: Temporary License or Permanent License

Please provide copies of your current RN License and proof of the certification(s) listed above with this completed form.

If this is a renewal, please include proof of Tennessee continuing education hours since your last registration (minimum 4 hours per year).

By my signature below, I certify that the information provided on this application is true and accurate, to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_